DATENT	ADDI I	MOITA	EEE N	FTFRMINA	MOITA	DECODO
PAIFNI.	APPIII	.AIII)N	<i></i>	PIPHIVIIVA	A I IL JIN	BELLUBIL

Effective October 1, 2000

Application or Docket Number

VOYAGER 201

CLAIMS AS FILED - PART I											
		CLAHVIS A.	(Column 1)		(Column 2)		SMALL TYPE	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			37				RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FI	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			37 minus 20=		* 17		X\$ 9=	153	OR	X\$18=	
IND	EPENDENT CL	AIMS	5 minus 3 =		· 2		X40=	စွပ	OR	X80=	E
MULTIPLE DEPENDENT CLAIM PRESENT						+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	<u> 588</u>	OR	TOTAL		
CLAIMS AS AMENDED - PART II OTHER THAN											THAN
		(Column 1)	(Column 2)			(Column 3)	SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+135=		OR	+270=	
				TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE				
		(Column 1)		(Colu	mn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. —	•		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	* NTATION OF M	Minus	***	T CL AIM	= [X40=		OR	X80=	
	FIRST PRESE	NIATION OF M	OLITE DE	FENDEN	CLAIM		+135=		OR	+270=	
							TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING ÀFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40=		OR	X80=	
L	FIRST PRESE	ENTATION OF M	IULTIPLE DE	PENDEN	T CLAIN		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											